Approved for use through 1/31/2007, OMB 0651-0032 U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unions it displays a valid CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD eation or Docket Number 09/981,660 Substitute for Form PTO-875 OTHER THAN APPLICATION AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Cotumn 2) NUMBER FRED NUMBER EXTRA RATE (\$ FEE (\$) RATE (S) FEE (\$) BASIC FEE N/A NVA NA NA (37 CFR 1.16(a), (b), cr (c)) SEARCH FEE NIA N/A N/A NA (3) CFR :.:6(1), (7), or (m)) EXAMINATION FEE (37 CFR 1.18(0), (9), or (10) NA NYA N/A :WA TOTAL CLAIMS 32 12 108 8 OR (37 CFR 1.16(i)) minus 20 = DIDEPENDENT CLAIMS × 42 42 (37 CFR 1.15(h)) minus 3 -If the specification and drawings exceed 100 sheets of paper, the application size lee due APPLICATION SIZE is \$250 (\$125 for small entity) for each (37 CFR 1.15(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16()) NΑ N/A 150.0d TOTAL TOTAL " If the difference in column 1 is less than zero, enter "0" in column 2. APPLICATION AS AMENDED - PART II OTHER THAN OR (Caturen 2) (Cotumn 3) SMALL ENTITY SMALL ENTITY (Column 1) HIGHEST CLABAS PRESENT NUMBER PREVIOUSLY RATE (S) REMAINING RATE (S) ADD: ADDI TIONAL FEE (\$) TIONAL FEE (3) EXTRA AFTER 10131106 Ē AMENDMENT PAID FOR Minus 35 32 3 25 75.00 OR × 100 · 100.00 OR Application Size Fee (37 CFR 1.16(a)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) N/A N/A OR N/A TOTAL ADD'L FEE TOTAL ADD'L FEE 175.00 OR (Column 2) (Column 1) (Column 3) 707 HIGHEST NUMBER CLAIMS RATE (S) PRESENT ADDI-RATE (\$) REMAINING 8 TIONAL PREVIOUSLY EXTRA FEE (\$) FEE (S) AMENDMENT PAID FOR Minus Total OR OF CFR 1. NOT 29 Endependent (DI CFR 1.16(h) x OR Application Size Fee (37 CFR 1.16(a)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(8)) NA N/A OR TOTAL ADD'L FEE TOTAL OR ADD) FFE "If the entry or column 1 is less than the entry in column 2, write "O" in column 3.
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

"If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "7.

The "Bighest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This coflection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to 44e (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This coflection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Terms will vary depending upon the individual case. Any comments on the amount of time you require to complete this form sad/or suggestions for reducing this burden, should be cent to the Christ Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrie, VA 22313-1450, OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.